



Please type a bar sign (E) inside this box → ☐

PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/905,718
	Filing Date	May 16, 2002
	First Named Inventor	Wilson et al
	Title	Method and System for Fabricating Nanoscale Patterns in Light Curable Compositions Using an Electric Field
	Group Art Unit	Unassigned
	Examiner Name	Unassigned
	Attorney Docket Number	PA27-02V12

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kenneth C. Brooks	38,393

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

OR

☒ Firm or Individual Name: Molecular Imprints, Inc.

Address: Legal Department

Address: P O Box 81536

City: Austin State: Texas Zip: 78708-1536

Country: USA

Telephone: (512) 527-0104 Fax: (512) 527 0107

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name: Siddigata V. Sreenivasan

Signature:

Date: Oct 24 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Type a plus sign (+) inside this box →

Approved for use through 8/30/99 OMB DES-0035
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/905,718
Filing Date	MAY 16, 2002
First Named Inventor	Willson et al
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PA27-02V12

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application

☒ A Power of Attorney or Authorization of Agent is submitted herewith

OR

☐ Please change the correspondence address for the above-identified application to:☐ Customer Number

OR

Place Customer
Number Bar Code
Label here☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the

☒ Applicant.☐

Assignee of record of the entire interest

Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name

Siddhata V. Sreenivasan

Signature

Date

Oct 21, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.